VILLAGE OF MORTON GROVE 6101 W. CAPULINA MORTON GROVE, IL 60053 MAIN NUMBER: 847-965-4100

FAX: 847-663-6185

MOTOR FUEL TAX

MONTHLY REMITTANCE FORM

MOTOR FUEL TAX COLLECTION	N PERIOD: MONTH AND YEAR	·
BUSINESS NAME		
ADDRESS		
CITY		ΓΕZΙΡ
Illinois Business Tax Number for Morton G		
PAYMENT AND TAX RETU	IRN ARE DUE 20 DAYS AI	FTER THE CLOSE OF
THE ABOVE COLLECTION		
1. GALLONS OF MOTOR FUEL SOL	D (ST-1 SCHEDULE A DEDUCTION	NS.)
TOTAL OF LINES 18a, 19a, 20a, 21a,	22a, 23a **	
**IF LINE 1 DOES NOT MATCH THE TOTAL	OF LINES 18A, 19A, 20A, 21A, 22A, AND 2	23A THE ST-1, PLEASE EXPLAIN WHY:
2. VILLAGE TAX RATE IS .05 CENT	S PER GALLON	0.05
3. MULTIPLY LINE 1 BY LINE 2. TH	IIS IS YOUR TOTAL MORTON GRO	OVE
MOTOR FUEL TAX OWED		
IF FILING AND/OR PAYING AF	FER THE DUE DATE, THE FOLL INCLUDED WITH PAYMENT	OWING PENALTIES MUST BE
4. LATE FILING FEE: LINE 3 (TAX I	OUE) multiplied by 5% or \$50, which	ever is
greater.		
5. LATE PAYMENT FEE: LINE 3 (TA	X DUE) MULTIPLIED BY 10% or \$	100,
whichever is greater		
ADD LINES 3, 4, AND 5. THIS IS YO	UR TOTAL TAX AND PENALTIES	DUE
UNDER PENALTIES OF PERJURY AND OTHER PERIOD INCLUDING ACCOMPANYING SCHEDULES AND AND COMPLETE. DECLARATION OF PREPARER ANY KNOWLEDGE. I FURTHER DECLARE THAT BUSINESS FOR WHICH THIS RETURN IS FILED	STATEMENT, AND TO THE BEST OF MY KNO (OTHER THAN TAXPAYER) IS BASED ON ALL	WLEDGE AND BELIEF, IT IS TRUE, CORRECT, INFORMATION OF WHICH PREPARER HAS
SIGNATURE OF TAXPAYER	PRINTED NAME	TITLE
SIGNATURE OF PREPARER	PRINTED NAME	
DATE C	CONTACT PHONE	

THIS FORM IS AUTHORIZED AS OUTLINED BY TITLE 1, CHAPTER 10, ARTICLE J OF THE VILLAGE OF MORTON GROVE CODE. DISCLOSURE OF THIS INFORMATION IS REQUIRED. COPIES OF ILLINOIS DEPARTMENT OF REVENUE SALES AND USE TAX AND E911 SURCHARGE RETURN FOR THE PERIOD COVERED BY THIS RETURN MUST BE SUBMITTED WITH THE VILLAGE RETURNS. FAILURE TO COMPLY MAY RESULT IN A PENALTY AND REVOCATION OF BUSINESS LICENSE.